

Indiana Wing, Civil Air Patrol

Request for Corporate Communications Equipment

Applicant Information

Last Name: _____ First Name: _____ MI: _____ Suffix: _____
Grade _____ CAP ID No: _____ Membership Renewal Month: _____
Address: _____
City: _____ State: _____ Zip: _____ Ext.: _____

Unit Information

Unit Name: _____ Charter Number: GLR-IN-_____

Equipment Requested

	<u>Description of Equipment Requested</u>	<u>Quantity</u>
<input type="checkbox"/>	HF-SSB Transceiver	1
<input type="checkbox"/>	VHF-FM Base / Mobile Transceiver	1
<input type="checkbox"/>	VHF-FM Portable Transceiver	1
<input type="checkbox"/>	VHF-FM ISR Transmitter	

HF-SSB and VHF-FM **MUST** be on separate forms due to differences in issue priority
Equipment issued for particular individuals use will be issued to the unit. All property must be accounted for on CAP Form 37E

Approvals

Requester's Signature and Date

Unit Communications Officer's Signature and Date

Unit Logistics Officer Signature and Date

Unit Commanders Signature and Date

Date Received by Indiana Director of Communications: _____

Date Equipment Issued: _____